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INTEGRATION OF FOREIGN DOCTORS IN THE HOSPITAL DISTRICT OF HELSINKI AND UUSIMAA

How to Help with the Integration?

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Abstract
The thesis was made as a qualitative study for the Hospital District of Helsinki and Uusimaa to find out how foreign doctors receive orientation and how they would like to receive help with integration when they start to work in a Finnish work environment. The goal of the research was to find useful tools to be used by the management for the integration of the foreign doctors.

The online survey was conducted in two languages with foreign doctors as participants. One of the surveys was for native Finnish doctors in order to reveal the type of orientation they receive when they start working and to find out if they had useful ideas of how to help the foreign doctors with their integration at work. The theoretical framework presents different cultural aspects that differ from each other mostly depending on the culture and the society where the persons in question come from. The cultural aspects are in a key role considering the answers to the survey questions as they are essential concepts in integration and give an insight into potential tools for the future.

To conclude, the foreign doctors would like to have more help when they start working in a Finnish work environment. The wish actually was to receive help from the employers themselves when they start working, and also during the work process, but also before they find their first work place. This help would have to come from a national or city level authority and should be easy to find. This is why recommendations are given from the employer's point of view. The recommendations include a hands on approach to assist the foreign doctors with integration. A tutor programme, an integration course for all and also face-to-face meetings to go through the common rules are included in the recommendations.

Keywords
Integration, international, internationalization, field of medicine, multi-cultural, adaptation, cultural, culture, human resources, qualitative research.

Miscellaneous

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ULKOMAALAISTEN LÄÄKÄRIEN KOTOUTUMINEN HELSINGIN JA UUDENMAAN SAIRAANHOITOPIIRISSÄ – Kuinka auttaa kotoutumisessa?

Koulutusohjelma
Kansainvälisen liiketalouden koulutusohjelma

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Tiivistelmä
Opinnäytetyö toteutettiin laadullisena tutkimuksena Helsingin ja Uudenmaan Sairaanhoitopiirille, ja sen tavoitteena oli selvittää, miten työnantaja voisi auttaa ulkomaalaisia lääkäreitä kotoutumisessa suomalaiseen työympäristöön. Lisäksi tavoitteena oli saada käytännönläheisiä työkaluja lääkäreiden arkeen ja työyhteisöön.

Tutkimus toteutettiin Internet-kyselynä ulkomaalaisille lääkäreille kahdella kielellä, suomeksi ja englanniksi. Vertailun vuoksi tehtiin myös oma kysely suomalaistaustaisille lääkäreille. Kysely tehtiin, koska haluttiin selvittää, minkälaista apua he ovat saaneet, kun ovat aloittaneet uudessa työympäristössä. Tarkoituksena oli myös selvittää, onko suomalaistaustaisilla lääkäreillä käytännönläheisiä ideoita kotouttamisen auttamiseksi.

Teoriaosuus käsittelee kotouttamiseen ja kulttuuriin liittyviä peruskäsitteitä. Nämä peruskäsitteet vaihtelevat suuresti riippuen kulttuurista ja yhteisöstä. Kulttuurien peruskäsitteet ovat pääosassa myös kyselyiden vastauksissa ja tarjoavat näkökulmia kotouttamiseen tarjottaviin työkaluihin.

Yhteenvetona voidaan todeta, että ulkomaalaiset lääkärit toivoisivat apua työympäristöön sopeutumisessa niin kulttuurin kuin kielenkin näkökulmasta. Lisäksi he kaipasivat apua ennen työpaikan löytymistä. Koska toivomuksena oli myös saada aikaan muutoksia tai apua kansallisesta näkökulmasta, suositukset on annettu työnantajan näkökulmasta. Ne ovat toteutuskelpoisia myös kansallisiin muutoksiin verrattuna. Suositukset sisältävät tutor-ohjelman, kulttuurikurssin koko työyhteisölle sekä henkilökohtaisia keskusteluja yhteisistä säännöistä ja niiden toimivuudesta.

Avainsanat (asiasanat)
Kotoutuminen, kansainvälisyys, lääketieteen ala, monikulttuurisuus, monikulttuurinen, sopeutuminen.

Muut tiedot

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1. Introduction

While the world is becoming more and more international and national borders are getting easier to cross, there are still difficulties when a person moves to another country and wishes to work there. This thesis focuses on the integration of foreign doctors to understand what help they receive when they move to Finland and what could be done to make it even easier in the work environment.

The research was conducted in the hospital district of Helsinki and Uusimaa, which is the hospital district of the capital area in Finland. The survey focused on the largest emergency rooms and was directed to foreign doctors and native Finnish doctors. The survey and the research questions were planned and done in co-operation with the hospital district. The objectives of the survey were set together with the contact person for the best possible results. This is why it was also decided to conduct a separate survey for the native Finnish doctors to understand their point of view and find out what kind of orientation is normally offered by the management and how they see the advantage foreign doctor's language skills.

In the literature and theory related to the issue, culture is explored to better understand what the key features in the cultures are. The theory is mainly derivered from of Diversity Dashboard (2013) as it includes most of the key concepts related to culture, even though there are given other concepts.

The conclusions are combined on the basis of the survey results and the theory. These solutions can be used to help with the integration. These mostly include basic tools for the hospital district and the management level itself: face-to-face tutoring, language and culture courses for foreign doctors, or culture and value courses for the management and for the co-workers.

2. Background

The hospital district wanted to take part in the thesis and the research because the management had noticed some misunderstandings between them and foreign doctors and wanted to learn how they could minimize these conflicts. The management wanted to know how the foreign doctors see their situation when the work environment is very challenging regarding the minimum level of certain language skills in Finland and the difference in the work culture compared to other cultures. One idea was also to understand what the foreign doctors would like to know when they start working in the hospital district and what kind of information they would like to receive and how.

The management level also understood that the problem with the misunderstandings does not only lie in the foreign doctors, but also in their understanding. This is why the study also aimed at a better understanding of the doctors' perspectives. The reason to have the research done with hand in hand to native doctors was to understand if they receive different kind of orientation when they start in a new work environment. Also if they would have ideas what might be useful and possible to organize within the work to help with the orientation and integration of foreign doctors.

The management knew that there have been issues for example about understanding the time, and they would like to receive ideas of how to handle the issue with the doctors and the co-workers. The time issue was only one simple example of how to understand the cultural differences they face in their everyday life in the hospital environment. Although they understand that people see time differently, they would still need to explain the situation to the co-workers who might not understand why there are different rules for different people.

3. Implementation of the Research

The aim of the research started from a course project where the goal was to do a research for a small store and to see whether there are certain tools the management could use to help with the integration of their workers. From idea of this small project the hospital district was supportive and also wanted to learn if they could help their employees with the integration and to know what the management level can do differently regarding the integration in the work environment.

3.1 Research problem

From the real-life situation that any might face in the work environment nowadays, the research problem arise. The integration of workers and especially foreign workers to the work environment is a challenge in many companies. The challenge grows especially when the number of immigrants is growing with the number of open positions in some fields. In Finland we face these issues in the hospital environment because of the need of the well-educated workers and because of the dispersion of patients' cultures are growing.

Everyday problems that the hospital environment faces arise from the different culture background and understanding, whether it is a language issue or a mental understanding that just differs. In practice, this shows as misunderstanding of time concept, what to report and to whom, how to address people, to whom to turn in trouble etc. These problems might seem very small in some perspective, but the effect in the work community can be major and cause even larger problems. For example one coming late to work often, and though there might have been discussions about the matter, the person continues the same habit. From other workers' perspective, this seems as flexibility towards this one person only, while the others need to be on time.

3.2 Approach

Together with the hospital district, the approach was set to follow their rules of research done by an outsider. The survey would have been possible to done

as official co-operation of hospital district, but this would have required more paper work and it would have taken more time. This is why we made a joint agreement with the contact person that the surveys are send as unofficial and pointing out that the surveys are not compulsory. This made it possible to have the surveys done in smaller timescale and with smoother operation with the hospital district as they still gave their permission to use their internal emails. In the next chapters will be opened more the objectives of these surveys, how the questions were build and the reasons why the surveys were done as qualitative research.

3.2.1 Research questions

According to the instructions of the hospital district, the research questions were decided to focus on the history of the individuals (background, reasons to immigrate), education, language and what positive and negative issues they have faced when working in Finland.

The background questions were asked in order to see what differences there might be between the foreigner doctors themselves and those having studied in Finland with Finnish backgrounds. Other subjects were: what education they have related to their work as doctors, what extra training they have had to take to have a permission to practice medicine in Finland and if they have worked in different positions in their home country compared to their jobs in Finland.

The question about the positive and negative issues when working in Finland was related to the goal of finding out if their employer has provided any orientation at the start. Or if there have been a buddy-worker at the start or if the start has actually been very difficult when there have not been any help offered. These were asked because the difference of the management level and what they offer. Also the time might have offered some change already in some level to the given orientation.

3.2.2 Objectives

Objectives for the research were set together with the hospital district. This made it possible for them to ask also some questions which might have not be

necessary for the thesis work, but still would give wider perspective to the subject. (Dolin, 2010.)

1. To understand what might cause misunderstandings between employee-employee and employee-employer.
2. To offer help for employers to understand better the differences between doctors.
3. To help doctors to understand the management/employer better.
4. To help to set common rules which everyone agrees and understands or how to share the rules.
5. To open the differences between doctors who have graduated in Finland and between those who have graduated outside Finland.

3.3 Methodology

Creswell (1998) explains qualitative research as an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. He also mentions in his text how Ragin (1987) divided quantitative and qualitative researches. Quantitative research has many cases and few variables, while qualitative research has few cases, but many variables. (Creswell, 1998.)

The qualitative research is the methodology for this thesis. The reason for this option, compared to quantitative research, was to have the reasoning and opinions of the people for this matter. The questions construct mostly of how and what questions and gives reasons for the topics issued. With quantitative research, we would be able to get opinions as well, but to have basic options for the answers would have been difficult to gather, as there were no previous researches published when this process started. The variables would have been difficult to gather. With quantitative research, it would have been difficult to get broad answers from the employees, as they would have had to choose from the options we would have provided. (Dolin, 2010 and Creswell, 1998.)

Reason to have qualitative research was the idea to get detailed view of the topic and opinions of the participants. Another reason to choose qualitative

research was the fact that when the process started with the hospital district, there was no other research published in the same matter in this field. During the process, National Institute of Health and Welfare published their research and now it would be possible to use it as a starting point and focus for a quantitative research as an option.

Qualitative research does have the negative side as well as it might and most likely will limit the number of participants. This effect might happen if the questions are complicated and it takes time to answer, as people get bored and might not see the importance of the survey as they notice how time consuming it might be. This is why the survey was done as short as possible and to have as simple questions. If there were a need to have complicated questions, we provided explanation in broader sense to help with understanding.

Another problem, that might arise when doing a qualitative research, is the amount of misunderstandings that there might come. This might happen, when there are questions and the person does not see any answer options that might guide to the right direction. To help with this problem we gathered a test group to answer the survey and to see whether the answers were in wanted concept. Secondly, the explanations with the questions were to guide to the right direction if understanding problem might have arisen with the participant.

Creswell do mention that the qualitative research is a process of understanding, which is also the goal of this research. The problem is a social or human problem as Creswell state. Requirements set by Creswell for qualitative research are:

1. To commit extensive amount of time in the field.
2. Engage in the complex, time consuming process of data analysis.
3. Write long passages, because the evidence must substantiate claims and the writer needs to show multiple perspectives

4. Participate in a form of social and human research that does not have firm guidelines or specific procedures and is evolving and changing constantly.

All parts of the requirements are met during the research process and when analyzing and writing the data and conclusions. The requirements are guidelines to evaluate if the qualitative research is suitable method for a research and in this case, it would seem the best from methodology's point of view as well. (Creswell, 1998.)

4. Data Collection

The research was conduct as a qualitative research for the hospital district. As a starting point, to make the surveys in the correct way from the employee's point of view, the contact person guided with the surveys. This helped to have the language and the terms in the right mode for the doctors to understand easily the concepts we wanted them to focus. With the background questions, the terms were important to have right as the degree levels and posts are very different from any other field.

On the early start, we decided to do two different surveys. One, for the foreign doctors who are facing the integration and another, survey for Finnish doctors who might have seen the integration from another perspective. The survey for Finnish doctors would also provide more information if the orientation provided for the work is the similar for the foreign workers.

During the process, we noticed that it is too difficult to have the survey done for the whole amount of doctors working for this hospital district and this is why the number was reduced to number that is more workable from Bachelor thesis's point of view. This meant in practise that the contact person sent the surveys to three different emergency room locations in the hospital district. This way the surveys were able to tackle still relatively large number of doctors but the amount of answers would be tolerable and provided more time to read all the answers thoroughly.

The target for the answers was to get 20 answers for both surveys. This meant that out of 200 doctors we would want 10% to answer. In the end 19 doctors answered to the survey done for the foreign doctors and 19 answered to the survey done for the Finnish doctors. If the time scale of the survey would have been longer, it might have been possible to get more answers, but the time limit was by the web survey as the contract with the JAMK University of Applied Sciences was ending.

During the process, we noticed that while the survey for the foreign doctors was in English to make it understandable for a larger group, some still preferred to answer in Finnish and would have wanted to have the same

survey totally in Finnish. This is why the survey for foreign doctors was in two different surveys with some delay, with only one difference - the language. The surveys itself were the same and after a test run it was noticed that the answers to the questions were in the same scope as hoped.

Data collection was during the autumn 2013. Surveys were first send to the foreign doctors at the start of September to make sure the answers were for the right surveys. During mid-October and November the survey for Finnish doctors were send out and this was the last data collection.

Plan was also to interview the contact person of the Hospital District after the data collection and analysis, as well other manager-level people from the hospital district to see whether they would agree with the results from the surveys. Because of the distance between the thesis worker and the hospital district, this was not possible at this point to organize, though the thesis were send for the hospital district beforehand to ask by email any feedback.

4.1 Research material

The research material was gathered anonymously from the doctors and the hospital district told the doctors that they were not obligated to answer the questions. This obligatory statement was given by the hospital district in the early stage of planning the thesis work and research. This statement made it easier to send the questionnaires to the respondents in the desired time.

As this research is qualitative and because there was no similar research done by the time the planning started, it was decided with the contact person to mostly prepare open questions. Background information was gathered through multiple choice questions, but everything else was done in the open question format to make it possible for the answers to be long and informative.

The open question format is problematic from the point of view of the respondent as they need to respond on their own, which takes time. This is why the percentage target set for the survey as 10%. If there had been more multiple choice questions or scaled questions, the target could have been larger instead of the 10%.

4.2 Processing the material

The research was conducted as web-based survey using Questback's Digium-tool. This tool was offered by JAMK University of Applied Sciences. The survey was conducted as a web-based questionnaire to have the results anonymously and within easy reach for the doctors. One option to conduct the survey would have been interviews, but with the distance between the interviewer and the doctors being great, and also to save time, it was easier to conduct a web-based survey. Because of the number of answers, all of them might not be as anonymous as planned at the start as there might be only one representative of one country. However, there is no open statistics on how many doctors come from certain countries this would still have been guessing.

4.3 Target group

The main target group of the survey was first set to be the foreign doctors in the hospital district no matter where they work, for whom they work for and for how long they have been in Finland. Because of the number of foreign doctors working for the capital area's hospital district it was decided with the contact person to only focus on certain emergency rooms to have the survey conducted.

For the purpose of the comparison, a survey was also made for Finnish doctors to see how they are orientated when they start working as doctors and if their educational background are varied. The Finnish doctors also had the same workplaces as the foreign doctors to have the same work environment for all if possible and to have the same managers.

5. Theoretical Basis

In theoretical basis, former studies open what theory bases are in the same field and related to this issue. The literature, which follows the former studies, opens more the theoretical concepts that the field uses and what has learned previously. The concepts of culture and what are the most relevant concepts, are in the literature part. The literature chapter is the key chapter for this thesis regarding the theoretical parts related to the topic of integration.

5.1 Former studies

In Finland, the number of foreign doctors has been growing every year during the 21st century. From 2000 until 2007, the number of foreign doctors has doubled from 245 to 485. From total number of all doctors working in Finland this amount has grown from 1.8% to 3.2% from 2000 to 2007. Most of the doctors work mainly in the public sector in health centres and in public hospitals. (National Institute for Health and Welfare, 2013.)

A physician might employ through a company that provides contracted medical services. In year 2013, this number was 11% out of all doctors who work in health centres. In the focus hospital district the amount of doctors was 5529 in 2000 and has been growing to 6783 for the year 2013, which is a third of all doctors working in Finland. (Finnish Medical Association, 2013.)

Most of the done research in this wield is concentrated on the nursing perspective and many of the thesis works has been done to provide a guide for new comers in a certain hospital wards. Hirjaba (2009) researched in his thesis work what information would the nurses want to have in their guidebook when starting their work in the ward. This thesis is done from the ward's perspective, there was no research done from the students or graduates perspective who start working in the ward. What they would like to know or need to know, but gathered information from the already experienced nurses' point of view what they think the new comers might need to know. This of course might give valuable information for the new comers so they could learn basic knowledge of the ward before and to check the information later from

the guide, but it’s does not take into consideration necessary the need of the student or the graduate.

As a relative search from immigrants’ point of view in Helsinki area, Ali and Adjadjihoue (2009) point out the importance of what the patients want from their doctors. There is also done few researches in the field of Human Resources Management of the integration. These provide useful help when thinking the solutions for the issues that might arise from the research, but those might need some alternation when focusing on doctors and hospital environment (Kujanpää & Laine, 2008 and Söderqvist, 2005).

In the year 2013, National Institute of Health and Welfare (later on in this thesis as NIWH) and Finnish Medical Association published their abstract of the research done from wellbeing point of view (Aalto, Elovainio, Heponiemi, Hietapakka, Kuusio & Lämsä, 2013). It was clear that doctors are coming closer and closer to social workers and this is why knowledge of the culture is important for the doctors in the work. Aalto with her colleagues also point out the fact that there are relatively more foreigners working in the high responsibility posts (i.e. doctors and dentists), while the number is significantly lower on the other specialist posts (i.e. nurses). NIHW’s research tackle related issues from national and from the whole workforce's point of view and their research can provide very good quality information for the survey to see if the final outcome will differ from the district that is researched in this thesis work compared to national research. (Aalto et al, 2013.)

5.2 Literature

What is culture? There are different ways to categorize what is culture. Geert Hofstede (1980) wrote that culture consist of shared mental programs that condition individuals' responses to their environment. The key feature of these programs is that they are shared. Hofstede talks about three different levels of programming: human nature, culture and personality. The level of human nature is universal and biological, while the culture is specific to groups and learned. The personality program is specific to individuals and you inherit and learn it.

David Thomas and Kerr Inkson (2003) write some basic characteristics that apply to cultures:

1. Culture is always shared by a group.

2. Culture is learned and it is enduring.

3. Culture affects powerfully to the behaviour.

4. Culture is systematic and organized, it is largely invisible and each culture has its own pervasiveness.

Bodley (1994) has opened the culture in the form of a table to open different aspects of culture, which includes eight topics. Authors Browaeys and Price consider in their book of Understanding Cross-Cultural Management (2011) that all humans learn in one way or other the fundamental aspect of culture, though it is important to acknowledge the multiplicity of cultures.

Table 1. Diverse definitions of culture (Bodley, 1994)

Topical	Culture consist of everything on a list of topics, or categories, such as social organizations, religion and economy
Historical	Culture is social heritage, or tradition, that is passed on to future generations
Behavioural	Culture is shared, learned human behaviour; a way of life
Normative	Culture is ideals, values, or rules for living
Functional	Culture is the way humans solve problems of adapting to the environment or living together
Mental	Culture is a complex of ideas, or learned habits, that inhibit impulses and distinguish people from animals
Structural	Culture consists of patterned and interrelated ideas, symbols, or behaviours
Symbolic	Culture is based on arbitrarily assigned meanings that are shared by a society

Culture might have very simple way of consisting of three layers. The first layer is the most acknowledged as it is the outer layer of each culture. It is what you see when you go to another country, the food, architecture, buildings, language etc. The second layer of culture includes the norms and values. What might seem right in one culture can be wrong in another culture. With norms and values, we build up the national characteristics of a culture. (Bodley, 1994.)

The third layer is the core of the culture, assumptions and beliefs. This layer is often difficult to describe and it is the reason, which is not exact. Why people behave in certain way in another culture compared to ours? All these layers can differ between cultures, but as well in same societies. (Bodley, 1994.)

In organizational level culture affects the way a company works and processes, how the strategy is determined or goals are established. This is the framework of Edgar Schein (1999).

Hofstede has developed dimensions of national cultures, which are known as Hofstede's Dimensions (1980). However, Hofstede did the research of these dimensions before 1980's and still the dimensions give valuable information from each cultures and how they can be seen different from different aspects.

- Power distance (high/low): attitudes to authority, the distance between individuals in a hierarchy.
- Uncertainty avoidance (high/low): the degree of tolerance for uncertainty.
- Individualistic (high/low): the degree of how concerned people are about the consequences of action for themselves.
- Collectivistic (high/low): The degree whether people see themselves as part of a group or autonomous individuals.
- Masculinity/femininity: the balance between "male" goals of ambition and achievement and "female" orientations to nurturance and interpersonal harmony.

Swallow and Milnes divide the journey to intercultural competence in 6 different steps in their book of The Diversity Dashboard (2013). These steps include denial, defence, minimization, acceptance, adaptation and as the last step integration. The journey, as Swallow and Milnes state the process to integration, starts from the **denial** where people do not understand the reality of different cultures and see their own culture the only 'real' one. For this state there can be many reasons: isolation, differences aren't noticed or even because of ignorance. (Swallow & Milnes, 2013, p. 25-26)

In **defence** stage we do understand the existence of other cultures, but our own culture is seen as a better culture. Comments towards our culture can be seen as an attack in this stage and negative stereotyping is familiar. (Swallow & Milnes, 2013, p. 25-26)

Minimization happens in stage 3. We tend to compare other cultures to us and we realize that our similarities outweigh our differences. We assume people are the same everywhere. In fourth stage, we are on the positive side of the change and the **acceptance** of other cultures and differences between them are understood. In this stage, there might not be agreement of the cultural context. (Swallow & Milnes, 2013, p. 25-26)

When the individual's attitudes, behaviours and language change to match their surroundings, the **adaptation** takes place. In this stage, the one has done adaptation to the new culture, and has the gained power to see properly outside of our own culture. The last stage of the process is **integration** where individuals can move from one culture to another freely. They might feel not belonging to a certain culture, but they understand themselves, are able to change their view from one to another depending where they are, and in which kind of situation. (Swallow & Milnes, 2013, p. 25-26)

Swallow and Milnes also list key concepts of cultures, which might differ from culture to culture. This is one way to list the key concepts and there are many different ways to divide the concepts, but this seemed most diverse and practical one. Previously mentioned and shown Bodley's way to divide the culture in to different concepts.

Initiative

In certain cultures taking initiative is not recommended, for example in Latin America you only do what your manager tells you to do, while in the US and in Scandinavia for example it is recommendable to take the initiative when you see there is a need for it. This, of course, can be positive or negative depending on the company, manager and the employees themselves how they understand an initiative should be taken.

Management

Management can be very soft or hard and anything between them. Soft refers to a feminine type of management, where the manager considers and listen to the employees. On the other hand in hard management, the manager makes the decisions and the employees obey and would not question the decisions.

Management can also include different structures. While in Finland management levels are flat in many companies, in US the management levels can be very vertical and decision making different because of this. For some, understanding the flat management levels might be difficult, while others enjoy the "freedom" it might give. The meaning of freedom in this case would include the easy approach as you as an employee would have a change to discuss any matters you are concerned with higher level management. Or the freedom of having more responsibility and you as an employee can make decisions for certain matters or in a certain level.

Leadership

Leadership can be given automatic based on age, but in certain cultures you need to gain trust and earn your place as a leader. The leadership is not automatic at all. Earning your position can be especially seen in western countries among members of the younger generation as they do not give the position of the leader automatically to an older person, but to those who show they are worth it.

Communication

Communication is defined as "the process by which persons share information meanings and feelings through the exchange of verbal and nonverbal messages" (Klopf, 1991). David C. Thomas writes in his book of Cross-Cultural Management: Essential Concepts (edition 2, 2008) that in the role of manager in cross-cultural field you need to consider more than language as the issue in communication. Language itself can be a problematic, as not everyone can have the same native language in cross-cultural environment. There are different communication styles to consider and to the different styles, there are norms and values affecting the sender and the receiver of the message.

The degree to which cultures use the language to communicate varies and this can be seen one style of communication. Verbal communication might be direct, explicit and distinct. The opposite style for this is very implicit, inexact and indirect. You can characterize these styles as high-context and low-context communication styles. In high-context style the information is more in the physical context and very little is told out loud as the direct message. In low-context communication is very directly said and mostly the physical context does not add or take away anything from the message. (Thomas, 2008, p. 122)

Trade

In some cultures, trade can be very social event while for others it can be plain business. This of course can cause misunderstandings and inconvenience if you do not feel comfortable. Some might wait to have personal relationship of some level before you can discuss about business matters and about trade, while others go to the matter right away and want to get it over with. This might not mean that personal connection would not matter at all, but the order of the business and personal aspects might vary.

For some the trade can be very emotional task with arguing and setting the price to right level, while for someone you just name the price and that's it, you cannot negotiate about the matter. The negotiation part might be very

important for some and if you skip this, you might hurt feelings of your business partner and end the relationship at the start already.

Decisions

Decision-making can be different between cultures and companies highly. Even within one culture, the decision-making can vary depending which method is the most effective at certain times. As an example, we can look at how Japanese make the decisions. While the negotiation might be with certain level of people from the company, the decision is in the end still made by the highest-level manager, or at least the manager for the certain area. The person who is part of the negotiation might have the right to agree to certain level to make the process of the deal continuing, but the one needs to have the final decision from the manager to make it effective.

Nordic cultures on the other hand the person who is doing the negotiations is usually the one who has certain flexibility to make the decision if needed or even has the highest authority in the company. Or the negotiations needs to be very clearly processed, bureaucracy, and usually the decision is made by a board or even a one person, but the certain amount of information needs to be given and in certain format to be able to have the answer.

Planning

While others need to plan, others just go with the flow and feeling. Planning can be for some a necessary part to start anything, while another person can see it limiting and time wasting part of the journey. In business life usually planning is a must when you start anything, but in some cases you can't plan and expect everything and that's when the people who plan things ahead do feel uncomfortable. You might understand planning differently depending if you are talking about the work or personal part of the life. In daily everyday life, the planning might not act as large part of the life, but in larger issues planning might be crucial for most of the people.

Productivity

Productivity can be effective, efficient and empathetic. A very western way to define productivity is how much is gained in a certain time. For someone, the time spent or how the work gets done may be more valuable, not the timing itself or the amount of work. Productivity can be understood differently depending on what is valued in the culture. For example, a Spanish person might spend more time on doing the work because the relations are important and you must have time to take care of them, and it might be harmful to the work itself. However, in the long run the relations are more important and that is why they count productivity differently compared to westerns.

Rules

Understanding the concept of rules and the meaning of rules varies by culture. While in some cultures a rule is something that does not bend or stretch, it is the last word, and again in some it is just a guideline and can be understood differently depending on the situation. Rules and truth can be negotiated in some cultures, while in some the rules have always been and will always be the same.

Time

Time can be divided into three different orientations: past, present and future. If people have the past orientation, they place a high value on pre-established processes and procedures. The present orientation focuses on short-term planning and on having quick results, while the future orientation focuses on long-term results. (Moran, Harris & Moran, 2007, p 16.)

Time can be understood in very different ways depending on how it has been issued in your family life and culture in general. For example, in Germany a meeting set to start at 10 o'clock will start at 10 o'clock, and most of the participants will come 5 minutes earlier. Again, in Mexico, a meeting might be scheduled to start at 10 o'clock, but no one will be there at that time. In Mexico time is understood as a very flexible item: if something else comes up, the scheduled meeting will have to wait. If we understand the concept of time in the culture, we most likely do understand other aspects of culture that are

important in the certain society. The personal relationships come first when compared to time in certain cultures.

In Scandinavia, the family has also an important role in the concept of time, but still it is not seen as flexible as in Mexico. For example, time is seen as an exact border between work and personal life. At four in the afternoon, work is left to wait for the next day and the personal time with the family starts.

Style

One can divide style by formal and informal aspects, but there are layers in between as well. In some cultures, even the formal style might look for an outsider as very informal. In business culture in US, men wear suits with tie and that is that. Of course, these are pending as the generations change and fashion is coming closer to everyone’s pockets, but still in finance for example, suit is a suit. While in marketing field informal might actually be more a rule than formal outfit as you might look like you don't follow the trends and are too tight for marketing field, still some might dress more formal to others taste and be fine with that.

Risk

Taking risk differs from culture to culture. For some risk taking is very natural, while for others risk is something you need to avoid. Risk can be very negative or positive, depending if you are with people who sees the risk differently.

Trust

Swallow and Milnes divide trust between open and close, and cultures are between these two. Trust is build indifferent ways and understood in different ways. In Scandinavia for example, trust is very open as the first assumption is good towards others and they are going towards common goal. People can be trusted until they let you down. While in Germany trust need to be build and it takes long time to gain. This same can be very commonly in Latin American cultures. You need to know people before you can trust them.

Gender

How people see gender roles and how genders are within cultures can vary highly. In some cultures, genders might not be as opposites from work point of view or even from family point of view. A good example of this is Nordic countries where the parents share very equally parenting and taking care of the home. Even the gender roles in work environment are equal in Nordic countries. Differently to Asia, women can quite easily be in managerial level in high-tech companies or as a trend, women train themselves as painters which has been very masculine work previously. While in Asia, women are the ones who take care of home, which will include the grandparents as well.

Resilience

In Japan and in Asian cultures widely, loosing face is very huge issue and you avoid it as much as possible. If you do notice that someone is doing something wrong, you do not point it out right there in front of others but let the one know it gently and in private environment, or make it so the one notices it by itself. This way the face is not lost and business can continue.

While in Nordic countries, you can easily point out if someone is making a mistake and even others can then learn from it. The one who makes the mistake do not lose the face, but learns the hard way not to do that again.

5.3 Experience in the world of work

Ministry of Employment and The Economy in Finland has very specific definition to Integration. It “refers to interactive development between immigrants and society, where the goal is to provide immigrants with the skills and knowledge needed in society and working life, while supporting their opportunities to maintain their own language and culture”. (Ministry of Employment and the Economy, 2013.)

From organizational point of view, this seems quite harsh to expect only the immigrant to adapt into the society, at least in a workplace, which might be very international. From cross-cultural management view, integration can be the skills to move directly between cultures. This is usually years of process to be able to integrate to other culture or even cultures. (Swallow & Milnes, 2013.)

If you look integration from company or organization's point of view, it can mean that the organization is integrating as one society itself. Many times this happens when organization is international and relates to many countries that have different approaches to business styles. This can be difficult to process, but usually organizations integrate automatically with slow pace and with long timeline.

6. Research Results

The research results will be first discussed from the foreign doctors' points of view. To follow the native Finnish doctors' opinions of the related issues. There is an introduction to the basic statistics concerning the target group and then their history in the field and their educational background compared to their current job positions. Secondly is opened their experiences how they have received orientation when they came to Finland and also if it was easy to start to work here. The respondents' opinions of the language requirements and if they have had any advantage of their own language is the last part of the target group's answers.

6.1 Definitive target group

There were 38 participants in all, 19 per group. The respondents were divided very equally between different countries. The most answers (four each) were given by Russians and Estonians, and there were participants also from South America (Brasil) and Africa (Ethiopia). The rest were individuals from Europe, including Italy, France, Turkey, Greek, Spain etc.

The gender difference in the same survey was very equal as well was the age difference. The total of the male participants was 9 and that of the female participants 10.

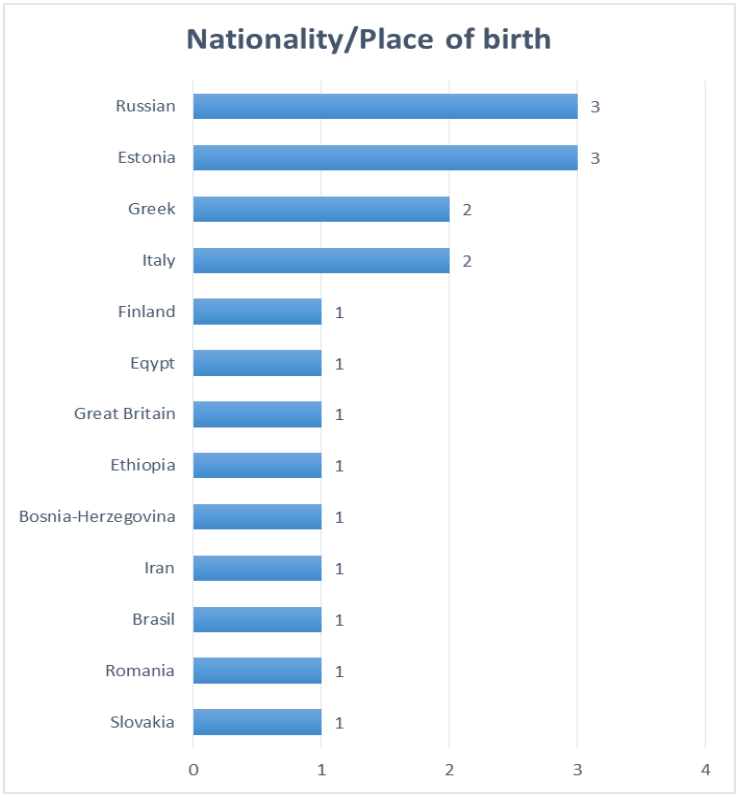

Figure 1. Birth places of foreign doctors

Age was asked as age groups: under 25, between 26 and 35, between 36 and 45, between 46 and 55, and over 55. There were no participants from the age group of under 25. This can be quite easily explained by the length of doctoral degree. The degree length is generally 6 years plus the doctoral degree. If the studies are started at the age of 19 or 20 and if the doctors are currently working fulltime, they are already too old to for this age group.

There was only one participant over 55 years old, and rest were divided quite equally between the middle age groups. Still, the largest age group was that of 26-35 which might be explained by the targeted environment. Many doctors in emergency rooms belong to the younger generation while they are still gathering experience and have enough energy to work in shifts earning a good money.

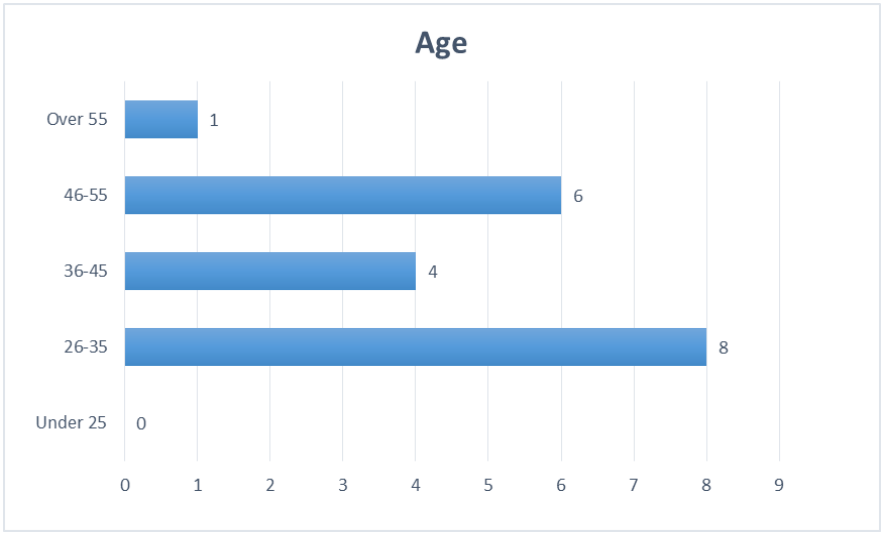

Figure 2. Age diversity of foreign doctors

The reason for coming to Finland also differs between the participants. Some of them came to Finland to work, some to study, some for other personal reasons, and one gave both, studying and working as the reasons for coming. If the doctor answered personal reason, it was not asked to specify this more. In this case, as a personal reason was not required to be specific, we do not know if it was family reasons or conflicts in the home country. The personal reason might also be studying or working, but the participant might have not wanted to share this.

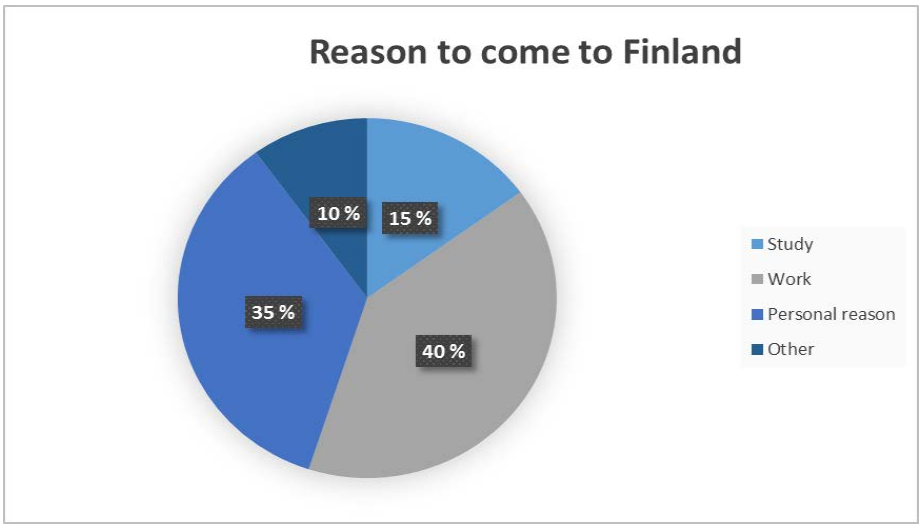

Figure 3. Reasons to move to Finland

6.2 Current and previous post and education

Current post for most of the participants is clinical work. Out of 19, 13 currently work in clinical work. Some does in addition research, some do only research and some other post as specialist or as a manager level doctor. Most again are general practitioners (7), secondly are registrar (5) and others have already specialized to a certain field.

Those doctors who have studied in EU usually do not need further education in Finland as they start to work here with one exception and that is language. Doctors need to pass language test with Finnish and Swedish to have accreditation to work in Finland. If the studies have done outside EU then the person needs to have basic studies also in Finland to have the accreditation and also needs to pass the language tests.

These differences do show in the results of the survey. Those who have studied their degree in EU have not needed any extra studies to start to work in Finland or if they have had studied it is because they have wanted some extra degree or have done their specialization in Finland, coming in Finland as general practitioners only.

The degree, which the foreign doctors had before their arrival to Finland, was mostly licentiate of medicine as they mostly were specializing or were general practitioners in their previous post when they worked in their home country. Few were doctors of medicine or had specialized already, while in their current post in Finland they have not had this possibility yet. This is why we can see decrease in the number of doctoral degrees and increase in the licentiate degrees. The fact, that some of the foreign doctors come to study here in Finland and have not yet worked in their home country, explains the increase in the licentiate degrees. This affects also the total number of degrees when compared the number of degrees in their home countries achieved and to what degree they have here in Finland.

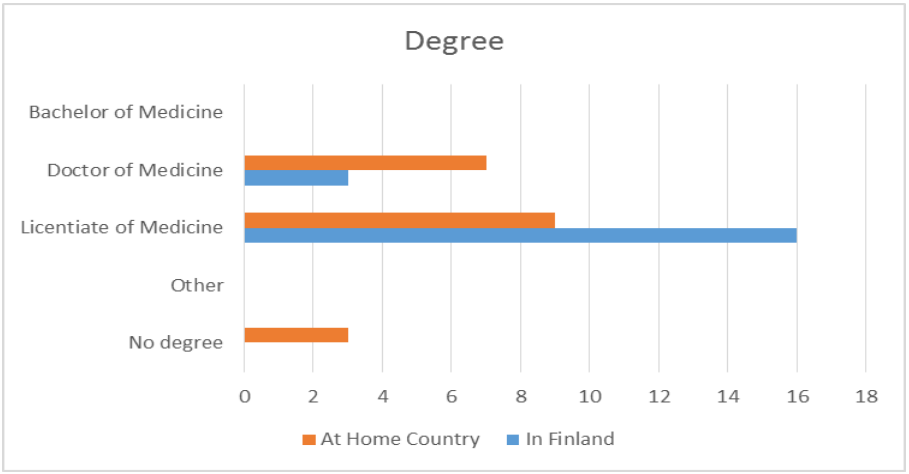

Figure 4. Degrees of the foreign doctors in their home country and currently in Finland

6.3 What was it like to start working in Finland?

When asked about how the foreign doctors felt when they started to work in Finland, many participants stated that it had been positive, but there had still been negative aspects at the start or even after working for a long time in Finland. One of the most frequently given answers was the difficulty with finding the first amanuensis place which of course was frustrating when you had already been working in the field as a specialist and now you had to start from the bottom. One participant mentions, “at start it was disappointing that in my own country I was senior physician and worked as specialist and here I start as an amanuensis doctor”. Some mention the amount of paperwork as it seems to be quite lot of work while the need of doctors is high. “It was hard on the beginning, because there was a lot of paperwork to do. But later it became easier.”

Another subject mentioned in a few answers is the prejudice which the doctors have experienced from the management or patients. Some mentioned having experienced prejudices from co-workers as well. For example, the name of a doctor have caused some prejudice towards the foreign doctor from a patient due to the difficulty with the language, while the experience afterwards might have been very positive for the patient.

Many participants started their answers with a positive tone and said that many foreign patients do appreciate a foreign doctor as well and even native

patients experience the positive side of a foreign doctor. A few respondents also told that their co-workers were friendly and helpful when asked to help.

Many doctors had already answered the previous question of what kind of help they received when they started to work in Finland. Some were offered help by management and some got help from their co-workers and even some from both. Many stated that they had received the help needed from different parties to understand the system and the work ethics. “I received help always when I asked as well proper orientation from my supervisor and from my tutor” state one doctor from Italy. Few respondents said that they had not received any kind of support when they started to work.

As for the language, some had found language courses helpful, but this is mentioned just by a couple of participants. A couple even stated that they would have wished to get more help before finding the first work place as that is the most difficult part when you do not know how things work and your language is not fluent. Mostly, help is only given at the work place, not beforehand.

As for improvements, most say there is no need for any, but a couple stated that they do not feel equal concerning salary and the opportunities of finding a job. They feel like they need to use double the energy a native doctor would need to use when finding a job and starting in a new work environment. Doctor from Estonia do comment for the improvement who would need to commit to the tutor programme, “commitments from the organization, department and by the tutor”.

A couple stated that, as an improvement, they would wish less paperwork and more flexibility to the work environment as there are different religions and ethics to be taken into consideration. Still, a few have experienced that they have received flexibility and that their experiences have been positive and they see no need for improvements.

All the answers are positive when considering if they feel their education enough to start to work in Finland. It is enough for all when focusing on the medical side of their work, for other parts a couple point out the lack of knowledge. As examples of these, they mention different computer systems,

sociological and criminological sides of their work and, of course, the cultural difference.

Three of the doctors mentioned that they had not seen any positive or negative advantages when comparing their language skills to those of their co-workers. One participant answered negatively as the person does not speak Finnish or Swedish. Those are required languages in Finland when practicing medicine, although this same person mentioned in an earlier answer that the language test was difficult but he had passed it. Ten doctors directly admitted that their own language skills had provided them positive advantage because many patients are foreigners and they wish to speak their native language and some do feel more comfortable when the doctor is a foreigner like them. As for the compulsory Swedish skills, many mentioned that of course they learned it because it is mandatory, otherwise they would not have permission to work in Finland, but they do feel that the requirements in Swedish should not be the same for the foreign doctors.

6.4 Control group

As a control group, there was a survey done to Finnish doctors who work in the same environment and for the same organisation. This was done to see whether the orientation differs between natives and foreign and if there are any additional ideas or sights to add from native's point of view.

Control group's size was similar as was the target group with 19 participants and the gender distribution was equal with 8 males and 11 females. Age difference compared to the target group focused to the younger age groups with 14 being in the age group of 25-36. Most of the control group's members are medical licentiate. The age explains this as some doctors do not specialise and stay as licentiate or it takes time to come a specialised doctor.

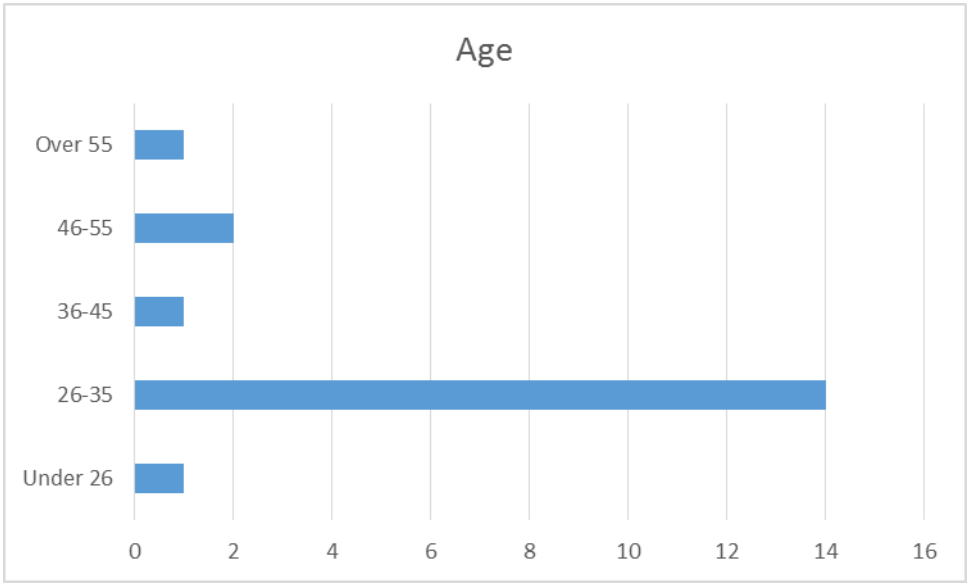

Figure 5. Age difference of native doctors

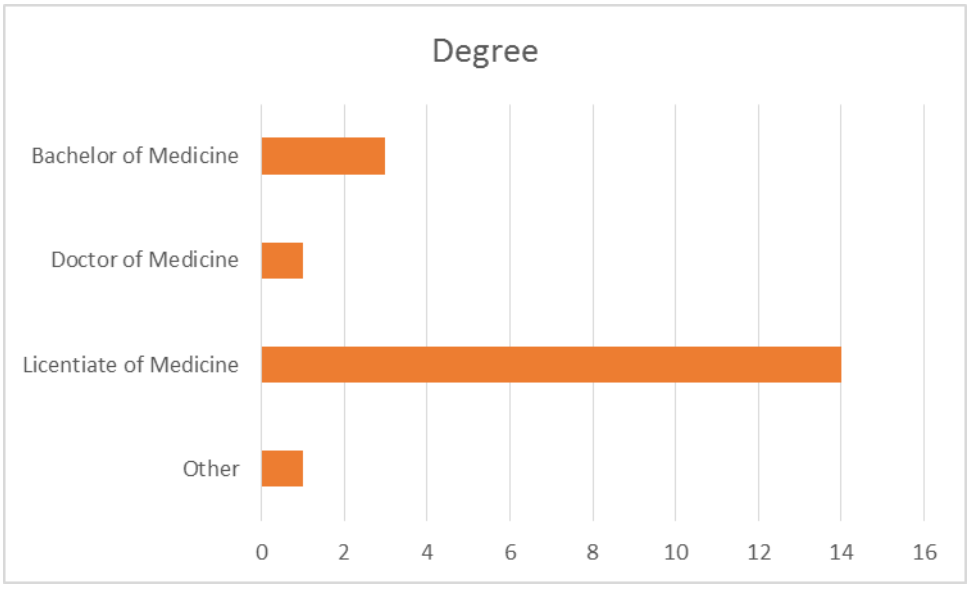

Figure 6. Degrees of native doctors

The control groups opinions vary little regarding their knowledge or feelings how orientation is organized for the foreign doctors. This might be because some do not have any knowledge about it as they do not work in such environment or are not in close relation with foreign doctors. In addition, it might be because they have not paid any attention to it and it might have been several years ago. Some state, that they offer very clear and helpful orientation to foreign doctors with tutor-doctor who might be native or in best

case another foreign doctor who already knows the pros and cons when starting to work in Finnish hospital environment.

Over half of the native doctors believe that at least the practical knowledge of clinical work is weaker with foreign doctors when compared to native doctors. Some state that it might be because in Finnish education for doctors they practice clinical work already from the beginning. Most still think it depends from which country you are and because of that, the theory might be in very similar level with the native doctors, but language and practical issues bring out some challenges for foreign doctors.

Ten, out of 19 participants, stated that minimum level of Finnish required from the foreign doctors is not enough. Most of the native doctors did comment that the demand of Swedish should not be that important but they do feel that the level of Finnish is not enough. When working with patients and when you need to consult other doctors the level of Finnish should be in higher level. English is a good second language and for English the level should be good, though some did not comment anything related to English. The native doctors did see the positive effect of the foreign doctor's native language, as many patients who do not speak Finnish might not as well speak English. However, some did mention that it is difficult to find among doctors person who would speak the same language as the patient. Usually the person who would speak the language works as a nurse, but not as a doctor. The native doctors did mention also that in capital area of course the importance of the foreign languages is different when compared to the hospitals outside the capital area.

The opinions how native doctors have possibilities to study different language vary between the participants quite widely. While some did state that studying foreign language is very difficult because of the time issues when studying first place to the medical field and then while working, others say that it is not difficult at all. Participants also mention that the variety of the language is very narrow as it is mainly the Swedish as a compulsory language and then English as the second foreign language.

One of the 19 participants stated that the medical degree and the language are enough to work in Finland, but all others stated that to know the language

is not enough to have good skills to work in Finnish environment. They all did recommend that there should be some cultural education given, as a part of the work or then as a separate course. They did feel that the Finnish ethics and habits do vary a lot from other countries and cultures and that is why it would be important to provide more information related to these issues.

As extra comments one mention in the survey that providing more time for foreign patients would most likely have positive effect with native doctors as well. Now the time provided is the same no matter what is the language of the patient or the doctor.

7. Reliability and Validity

The survey was conducted in different locations of the hospital district to have as general an overview of the opinions as possible. The survey was sent as an email with a web link to the survey to have anonymous respondents. As backup questions, age, gender and place of birth were asked about to have an idea of the participants in general. The current and previous work places were asked about to see whether the foreign doctors' previous or current posts were compared to those of the native doctors.

The questions included in the survey were mostly open because there was no earlier survey made of the same topic and also because the hospital district wished to have certain views asked about in the survey. Open questions can be leading questions depending of the mode of the questions. When the survey was done the test group's answers seemed to be from both directions, from positive and from negative point of view which was the idea. The open questions also made it possible to avoid leading answers when there were no multiple choices or any picklist answers to choose from.

As mentioned earlier, the questions were tested in a small group before the survey was launched in the larger group. At this point, it was also noticed that some foreign doctors actually wished to have the survey in Finnish, and before having the survey in Finnish the foreign doctors had actually responded to the questions directed to the native doctors. This could have been problematic as the questions were quite different for the native doctors and the answers would not have been in the desired range. This is why the survey for the foreign doctors was conducted in two languages.

The surveys were sent by the hospital district because of the privacy protection of the doctors. This made it possible to have a small target group instead of all the doctors responding to the questions.

8. Conclusions

When foreign doctors come to Finland, it seems that for them it is very difficult to find help with the integration if this sort of help is provided for them in the first place. Some employers do offer help by a mentor with the integration with the work place, but the issue might also be, on the contrary that the employer and the mentor do not understand the foreign person as much as they should.

The learning should be mutual, not only for the foreign doctor to learn how everything is done in Finland, but also for the work environment to understand the values of the foreign country and culture. Just to better understand different values can have a positive effect on the demands of language and the rules of the work place.

Of course there have to be certain common rules in the work environment to ensure everyone the same starting point, but every individual should also be asked if they do understand those rules. Even among native employees there might be misunderstandings possibly causing negative reactions among workers.

The management level should also understand the both sides of the work when a foreign doctor starts in a new environment. Though foreign doctors need to start as an amanuensis to get permissions to work in Finland, others who come from EU do not need to do this. They might face the issues most likely deeper as they do not have the time to practice and learn the same as working as amanuensis. Even to open up the process why all this studying needs to be done again and why they cannot start work right away should be automatic at least from the employer’s point of view to make sure that the foreign doctor is happy with the situation and understands why there are so high demands of getting this permission in Finland. Most likely, these issues could be comprehensively discussed face to face, and both parties could be more positive afterwards as they would both understand what is yet to come and what can be the goals for the next few years. Other questions might arise in a face to face.

At the moment, when the foreign doctors need to find the information alone and struggle with the permits, it might be too overwhelming for some and

discouraging to work in Finland. As we have increasing numbers of foreign patients, and as the future plan is to offer more services to foreign tourists as well, there should be better guidance and orientation provided for foreign doctors. To offer medical services with a doctor who talks and understand the patient's cultural background most likely would have better results rather than having a native doctor providing the same service with the common languages. There might even be an issue with the language if the patient does not speak English at all.

In some cultures trust is built differently from the practises in Finnish culture. Therefore, it would be advisable to have an orientation course in which the management would also participate to build trust and show leadership for the new doctors. At the same, if the course would be the same for foreign and native doctors, they could mingle and get to know each other and help each other in the everyday situations they might face. Even the native doctors might need help with patients. In that, a foreign doctor's opinion might be useful.

As the foreign doctors said, the paperwork required and the language requirements for all the doctors would need some adjustments to make it easier for foreign doctors to start working efficiently sooner. For some doctors, learning the language takes years, which is why they cannot start as general practitioners but only work as amanuensis. With these issues the employer cannot help that much, especially with the paperwork required by the government, but these should be discussed in a wider perspective on the national level. On the other hand, the employer can help concerning the language issue if they really see the potential and do want to show appreciation towards the foreign doctors, by providing language courses. These could also be provided for native doctors for them to be able to keep up their language level high enough for working life. Extra language courses could also be offered for those who wish to learn more, which might also help them at their work.

Recommendations

As some of the doctors wish changes in the national level, it is good to have separate recommendations, which the hospital district can work on directly. There was no highlighted improvement that would need to come as a first or which the doctors would hope the most to be improved.

As a starting point from the hospital district's point of view, it would be easy to start by having a well-functioning tutor programme for the foreign doctors. The tutor would better engage them to the work. The tutor programme would need clear goals and targets to set for the tutor itself and for the foreign doctor for both to be on the same page what the function of the programme is. The goals and targets should be in some level for the department, but also be on the individual level of the doctor as well. This is why discussion with foreign doctor should be important.

With the tutor programme there should go also hand in hand a course for both native and foreign doctors, but as well for the co-workers (i.e. nurses) and for the management level, where everyone could learn how to function in multicultural environment, though you might operate in one country only. This would make the understanding easier both ways and provide explanations already during the course rather than learning from the hard way when something is not working as preferred. This course can also make the step between the foreign doctor and the co-workers little smaller as they might get to know each other better during the course and then while working you already know to whom you might turn to.

Setting the common rules together could be the third recommendation. Of course, we cannot modify the rules each time there is a new employee coming, but at start, these should be set together to provide understanding why something is set and to have everyone agree to the rules as well. When a new employee comes to the work environment, the rules should be then discussed with either the tutor or someone else who can provide answers for what the rules stand for and if there is something that the new employee cannot work with, then how you can modify them to accompany your work.

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Appendices

Appendix 1. Survey for Foreign Doctors in English

Integration in the field of medicine

To Finland as a Doctor - Learning just the language or culture as well?

This survey is made to ask positive and negative issues in work enviroment when you are from a foreign culture, in this case when you are working in Finland. Idea of this survey is to get better picture what is happening in today's work places, what issues there is (positive or negative ones) and is there posible solutions to help with challenges. We have a separate survey for employees who work with foreign people to have their ideas of positive and negative issues to see the differencies and similarities that might arise from these matters.

The survey consist of open answers and this is why it might take time to answer the questions, but should be done in 20 minutes. If you do not have time to complete the survey during the first time, you can come back to the survey later and continue from where you left it.

Survey is made by a student of JAMK University of Applied Sciences (Jyväskylä) and it is part of my research for a cross-cultural thesis work. Survey is anonymous on your behalve, which I hope helps to give truthful answers.

Basic Information

Gender:

( ) Male
( ) Female

Nationality/Place of birth: _____

Age:

( ) Under 25
( ) 26-35
( ) 36-45
( ) 46-55
( ) Over 55

How long have you stayed in Finland? _____

Reason to come to Finland?

( ) Study
( ) Work
( ) Personal reason
( ) Other, please specify _____

Work and Educational History

In this section we ask you more about your current and former work history as well your educational history.

Field of work in Finland?

I.e. clinical work, research, administration, other _____

Current post?

General practitioner, specialist (which?) _____

Organisation?

Public healthcare, private sector, special healtcare?

_____

Qualification for your current post?

Have you completed some qualification in Finland to be able to work in your current post? What was this qualification and how long did it take?

_____
_____
_____
_____

Field of work in your home country?

I.e. clinical work, research, administration, other _____

Post in your home country?

General practitioner, specialist (which?) _____

Organisation?

Public healthcare, private sector, special healtcare?

_____

Qualification for your former post?

What qualification had you completed in your home country before coming to Finland? Did you have a qualification to work in your former post and were you able to transfer this qualification to Finland when you immigrated?

_____
_____
_____
_____

Work Environment

In these questions we would like to find out what positive and/or negative issues you have faced in your work enviroment in Finland. You can point out issues from company, administration, co-worker and / or staff level.

How it felt to start working in a Finnish workplace? What was positive and/or negative?

_____
_____
_____
_____

What kind of help did you receive from the workplace? Did you get help from your co-workers and/or staff?

_____
_____
_____
_____

What would you like to improve or change in your workplace in terms of aiding the cultural habilitation?

_____
_____
_____
_____

Do you feel that the education you have received in your home country is enough to practise your profession in Finland?

Have you felt that the knowledge and skills received in your home country were adequate in Finland? Did you feel ready to work with these knowledge and skills? If not, what were the most urgent things to learn (other than the language)?

_____
_____
_____
_____

Language

Helsinki is growing not only through migration from other parts of Finland but as well through immigration and the capital area is slowly becoming a true multicultural metropol. With these questions we'd like to collect information about the issues related to language. We're interested of both advantages (positive) and possible disadvantages (negative issues) of Finnish workplaces for a cross-cultural employee without fluent Finnish skills, but with a knowledge of other languages.

Have your language skills provided you some positive or negative advantage compared to your colleagues who only speak the most common school learned languages (most often Finnish, Swedish, English)?

If so, please let us know in detail?

_____
_____
_____
_____

How do you feel about the requirement of the Swedish skills?

Swedish, the second official language in Finland, is often required for applying to certain positions in Finnish institutions and in the public sector the Swedish speaking minority is entitled to have service in their native language. Have you had any issues with this? Have you had problems because you "only know Finnish, but not Swedish as well"?

_____

_____
_____
_____

Any additional comments?

Any issues you want to bring out that we might have missed?

_____
_____
_____
_____

Appendix 2. Survey for Native Finnish Doctors

Sopeutuminen työhön lääketieteen alalla

Lääkäriksi Suomeen - Pelkkää kieltä vai myös kulttuuria?

Monikulttuurius koetaan osassa työpaikoista rikkautena, toisissa haateena. Monikulttuuriuteen liittyy myös paljon ennakkoluuloja, puolin jos toisin. Vieras kieli ja ulkonäöllinen erottuminen eivät helpota ulkopuolelta tulevien työntekijöiden integroitumista työpaikkaan. Toisaalta erilaiset pelot ja ennakkoluulot voivat myös vaivata aidan toisella puolen ja aiheutaa toivomatonta ongelmatiikkaa vanhan työyhteisön edustajissa.

Kartoitan kahdella kyselyllä positiivisia ja negatiivisia kokemuksia työympäristöstä, jossa työskentelee vieraasta kulttuurista oleva henkilö. Tähän kyselyyn vastaavan oletetaan edustavan työpaikan henkilöä, joka ei ole joutunut integroitumaan uuteen kulttuuriin aloittaessaan tai ollessaan töissä Suomalaisessa yrityksessä tai toimipisteessä. Toinen erillinen kysely on puolestaan tehty ulkomaalaistaustaisille työntekijöille saadaksemme myös heidän näkökulmansa positiivisista ja negatiivisista kokemuksista, joita he kohtaavat suomalaisessa työkulttuurissa.

Molemmat kyselyt koostuvat osin avoimista kysymyksistä ja tämän takia kyselyyn vastaaminen voi viedä aikaa, mutta pitäisi olla mahdollista suorittaa 20 minuutissa. Jos sinulla ei ole aikaa kerralla vastata kaikkiin kysymyksiin, voit jättää kyselyn kesken ja palata myöhemmin vastaamaan jäljelle jääneisiin kysymyksiin.

Kyselyn on tehnyt Jyväskylän Ammattikorkeakoulun opiskelija ja tämä tutkimus on osa minun monikulttuurisuuteen keskittyvää opinnäytetyötä. Kyselyyn vastaaminen tapahtuu nimettömästi, minkä toivon auttavan saamaan mahdollisimman totuudenmukaisia ja rehellisiä vastauksia.

Sukupuoli:

( ) Mies
( ) Nainen

Kansalaisuus/Syntymäpaikka: _____

Ikä:

( ) Alle 26
( ) 26-35
( ) 36-45
( ) 46-55
( ) Yli 55

Tässä osiossa kysymme sinulta enemmän työ ja koulutushistoriastasi.

Koulutus?

Esim. LK, LL, LT, Erval, erikoislääkäri

_____

Erikoisala tai erikoistumisala? _____

Organisaatio/työpaikka?

Perusterveydenhuolto, erikoissairaanhoito, yksityinen?

_____

Työnkuva?

Kliininen työ, tutkimus, hallinto, muu?

_____
_____
_____
_____

Seuraavilla kysymyksillä haluamme kartoittaa positiivisia ja/tai negatiivisia kokemuksiasi monikulttuurillisesta työympäristössä. Mikäli olet ollut töissä sekä puhtaasti suomalaisessa, että monikulttuurisessa työympäristössä, toivomme, että voisit peilata vastauksessasi näitä hieman toisiinsa.

Voit kertoa kokemuksiasi yritys-, johtamis-, työtoveri- ja/tai henkilöstötasolta.

Tarjosiko nykyinen työnantajasi työnaloittamisessa tukea tai koulutusta työympäristöön/työtehtäviin? Minkälaista? Entä edelliset työnantajasi?

_____
_____
_____
_____

Koetko, että ulkomaalainen työntekijä saa tukea työnantajalta ja/tai työtovereilta? Minkälaista?

_____
_____
_____
_____

Mitä haluaisit muuttaa tai parantaa työympäristössäsi, jotta kulttuurillinen integroituminen onnistuisi paremmin ja kulttuurienvälinen toiminta paranisi?

_____
_____
_____
_____

Koetko, että ulkomaalaisen lääkärin ulkomailla suorittama tutkinto on riittävä ammatinharjoittamiseen Suomessa?

Oletko kokenut, että ulkomailla suoritettu tutkinto olisi kattavampi tai monipuolisempi kuin Suomessa, valmistaisi paremmin työelämään tai toisin päin? Koetko ulkomailla valmistuneen lääkärin osaamisen olleen parempaa/huonompaa tms kuin vastaavien Suomesta valmistuneiden kollegoiden?

_____
_____
_____
_____

Pääkaupunkiseudusta on vähitellen muodostumassa monikulttuurinen metropoli, jollei se jo ole sitä. Erityisesti Helsinki kasvaa nimenomaan maahanmuuton myötä ja monipuolinen kielitaito on eduksi lähes kaikilla työpaikoilla. Seuraavilla kysymyksillä haluamme kerätä kokemuksia kieleen ja kielitaitoon liittyen. Olemme kiinnostuneita sekä ulkomaalaisten työntekijöiden vaikutuksesta tässä kontekstissa, että kasvavien kielitaitovaatimusten aiheuttamista odotuksista ja tarpeista. Perustaitonahan Suomessa koulutetun lääkärin täytyy osata suomea ja ruotsia, ainakin välttävästi, ns virkamiestasolla. Miten muiden kielten osaaminen nähdään työpaikoilla?

Koetko, että ulkomaalaisen lääkärin kielitaito on tarpeeksi hyvä työskennelläkseen Suomessa?

Näetkö, että vähintään suomea on osattava? Entäpä ruotsin kieltä? Mikä on näkemyksesi kielitaitovaatimusten minimitasosta, onko se riittävä?

Onko potilastyötä tekevälle lääkrille minimitaso eri kuin muille? Ovatko jotkin erikoisalat tms. erikoisasemassa?

_____
_____
_____
_____

Onko ulkomaalaisen lääkärin äidinkielestä hyötyä Suomessa tai työpisteessäsi?

Esim. Onko vieraankielen osaamisesta ollut apua ulkomaalaisten tai muuta kuin Suomea puhuvien potilaiden hoitamisessa? Koetko, että joidenkin vieraiden kielien osaaminen on nykypäivänä tärkeämpää kuin aiemmin, esim vrt 1990-luvulla?

_____
_____
_____
_____

Koetko että Suomessa lääkärin tutkinnon suorittaneella on ollut hyvät mahdollisuudet opiskella vieraita kieliä?

Onko kielitaidoistasi ollut nähdäksesi etua työskennellessäsi maahanmuuttajalääkärien tai ulkomaalaisten potilaiden kanssa?

_____
_____
_____
_____

Katsotko puhtaasti kielellisen opetuksen olevan riittävä auttamaan toisesta kulttuurista tulevaa lääkäriä ymmärtämään työympäristöä, sen toimintaa ja "suomalaisia potilaita"?

Pitäisikö ulkomaalaisille lääkäreille tarjota myös kulttuurillista koulutusta? Pitäisikö heitä tukea jotenkin muuten? Miten?

_____
_____
_____
_____

Lisäkommentteja?

Haluatko tuoda jonkin asian vielä esille? Unohdimmeko kysyä jotain?

_____